



## WALUYA THE INTERNATIONAL SCIENCE OF HEALTH JOURNAL

# Relationship between Allocation of Health Operational Assistance Funds and Achievement of Minimum Service Standards at Regional Technical Implementation Unit Health Centers in Konawe Islands Regency

Kaharuddin, La Ode Saafi, Sartini Risky

Mandala Waluya University, Indonesia  
Correspondence : kaharuddin.jabar.skm@gmail.com

### ARTICLE INFO

#### Article history

Received : November 29<sup>th</sup>, 2023

Revised : December 17<sup>th</sup>, 2023

Accepted : December 30<sup>th</sup>, 2023

#### Keywords

Health Operational Assistance,  
Minimum Service System.

### ABSTRACT

**Introduction:** Based on data from the Report of the Ladiana Public Health Center, most of the indicators for the health Minimum Service Standards that have been implemented by the Ladiana Public Health Center have not reached the predetermined target of 100% (one hundred percent) such as health of both mother and child. The purpose of this study was to analyze the relationship between the allocation of health operational assistance funds by achieving minimum service standards at Lansilowo Public Health Center and Ladiana Public Health Center in 2022.

**Method:** This type of research is analytic using a cross sectional approach. The population of this research is 53 people. The statistical analysis of the results used is the chi square test.

**Result:** The results of the study showed that there was a relationship. There is a relationship with the allocation of health operational assistance funds by achieving minimum service standards for maternal and child health, health promotion, environmental health, nutrition and immunization at the Lansilowo Public Health Center and Ladiana Public Health Center in 2022.

**Conclusion:** Public Health Centers should further improve communication between leaders as budget managers and program holders, so that in managing the health operational assistance budget, the performance of health services for the community will increase.

### Introduction

Health is a human right and at the same time an investment for the success of nation building.

Health is also one of the elements of general welfare which is the goal of the state as mandated in Pancasila and the 1945 Constitution of the Unitary State of the Republic of Indonesia. Health

Law Number 36 of 2009 articles 4 and 5 also states that everyone has the right to the same rights in obtaining access to resources in the health sector, the right to obtain safe, quality, affordable health services and each person has the right to independently and responsibly determine for himself the health services needed for himself. For this reason, comprehensive health development is carried out in order to realize the highest degree of public health (Ministry of Health of the Republic of Indonesia, 2011).

One form of implementing MSS in the health sector within the government is the application of MSS to basic health services organized by the Public Health Center as the first-level health facility unit of the regency/city regional government with the target of achieving local government performance in fulfilling the quality of service for each type of basic service in health MSS. 100% (one hundred percent) (Law No. 4 of 2019).

According to the data from the Lansilowo Public Health Center Health Center Minimum Service System report, it can be explained that most of the indicators for the health Minimum Service System that have been implemented by the Lansilowo Health Center have not reached the predetermined target of 100% (one hundred percent), even though from 2020 to 2021 there will be an increase in target achievement. but these achievements are still not in accordance with the target. Furthermore, in 2021, several performance indicators for MSS in the health sector are still below 100%, namely Mother and Child Health (MCH) have not reached the target set as in the last month of 2021 the KN2 targets achieved 119 while the achievements were only 105, health promotion In 2021 goals and achievements of the specified targets, Environmental Health based on 876 targets while the achievements are 445 of these, indicating that all have not reached the target of 100% of Environmental health activities during 2021, Nutrition based on the target of 278 while the achievements are only 250 this indicates not having reached targets, and immunizations such as: HB0, BCG, Polio 1, get 1, Polio 2, DPT 2, Polio 3, DPT 4, IPV, and Measles the target is 60 while the achievements are only 28, indicating that the target has not been reached.

Based on data from the Report of Ladianta Public Health Center that most of the indicators for the health Minimum Service System that have been implemented by the Ladianta Health Center have not reached the predetermined target of 100% (one hundred percent) such as MCH Based on the data it shows that out of 127 pregnant women there are 0 pregnant women who are at risk 83 pregnant women were treated, 68 were live births, 0 were based on estimates of high risk/complication neonatal and 83 high risk/complicated neonatal treated. The Service Technical Implementation Unit Ladianta Health Center routinely conducts clean and healthy living behavior surveys every year to assess community behavior in relation to health problems. The assessment is carried out using 10 indicators of clean and healthy living behavior. The results of the assessment of each indicator are used to determine the classification of each household. Environmental Health, Nutrition and Immunization Coverage of DPT, HB - I, DPT HB - II and DPT HB - III Based on the Village Working Area of the Public Health Center December 2021.

## Method

This type of research is analytic using a cross sectional approach. The population of this research is the population of this research is all the staff of the Lansilowo Public Health Center, totaling 30 staff Ladianta Public Health Center totaled 30 people. The sample is 53 people. The statistical analysis of the results used is the chi square test.

## Result

**Table 1** showed that the results of the Chi-square statistical test, the value of  $p = 0.001 < \alpha = 0.05$  and  $X^2_{\text{count}}$  is greater than  $X^2_{\text{table}}$  ( $8.897 > 3.841$ ) then  $H_a$  is accepted and  $H_0$  is rejected, the phi coefficient is 0.410.

**Table 2** showed that the results of the Chi-square statistical test, the value of  $p = 0.001 < \alpha = 0.05$  and  $X^2_{\text{count}}$  is greater than  $X^2_{\text{table}}$  ( $7.300 > 3.841$ ) then  $H_a$  is accepted and  $H_0$  is rejected, the phi coefficient is 0.371.

**Table 3** showed that the results of the Chi-square statistical test, the value of  $p = 0.001 < \alpha = 0.05$  and  $X^2_{count}$  is greater than  $X^2_{table}$  ( $8.433 > 3.841$ ) then  $H_a$  is accepted and  $H_o$  is rejected, the phi coefficient is 0.399.

**Table 4** showed that the results of the Chi-square statistical test, the value of  $p = 0.001 < \alpha = 0.05$  and  $X^2_{count}$  is greater than  $X^2_{table}$  ( $6.273 > 3.841$ )

then  $H_a$  is accepted and  $H_o$  is rejected, the phi coefficient is 0.344.

**Table 5** showed that the results of the Chi-square statistical test, the value of  $p = 0.001 < \alpha = 0.05$  and  $X^2_{count}$  is greater than  $X^2_{table}$  ( $6.273 > 3.841$ ) then  $H_a$  is accepted and  $H_o$  is rejected, the phi coefficient is 0.344.

**Table 1**  
**Analysis of the Relationship between Allocation of Health Operational Assistance Health Promotion Funds with the Achievement of Minimum Service System Standards**

Allocation of Health Operational Assistance Health Promotion Funds	Achievement of Minimum Service System Standards				Amount		Statistic Test
	Not achieved		Achieved				
	n	%	n	%	n	%	
Not enough	28	52,8	12	22,6	40	75.5	$X^2_{count} = 8.897$ $X^2_{table} = 3.841$ $\phi = 0.410$

**Table 2.**  
**Analysis of the Relationship between Allocation of Health Operational Assistance Health Promotion Funds with the Achievement of Minimum Service System Standards**

Allocation of Health Operational Assistance Environmental Health Funds	Achievement of Minimum Service System Standards				Amount		Statistic Test
	Not achieved		Achieved				
	n	%	n	%	n	%	
Not enough	24	45,3	9	17,0	33	62,3	$X^2_{count} = 7.300$ $X^2_{table} = 3.841$ $\phi = 0.371$
Enough	7	13,2	13	24,5	20	37,7	
Total	31	58,5	22	41,5	53	100	

**Table 3.**  
**Analysis of the Relationship between Allocation of Health Operational Assistance Health of Both Mother and Child Funds with the Achievement of Minimum Service System Standards**

Allocation of Health Operational Assistance Health of Both Mother and Child Funds	Achievement of Minimum Service System Standards				Amount		Statistic Test
	Not achieved		Achieved				
	n	%	n	%	n	%	
Not enough	21	39,6	6	11,3	27	50,9	$X^2_{count} = 8.433$ $X^2_{table} = 3.841$ $\phi = 0.399$
Enough	10	18,9	16	30,2	26	49,1	
Total	31	58,5	22	41,5	53	100	

**Table 4.**  
**Analysis of the Relationship between Allocation of Health Operational Assistance Nutrition Funds with the Achievement of Minimum Service System Standards**

Allocation of Health Operational Assistance Nutrition Funds	Achievement of Minimum Service System Standards				Amount		Statistic Test
	Not achieved		Achieved				
	n	%	n	%	n	%	
Not enough	22	41.5	8	15.1	30	56.6	X <sup>2</sup> count = 6.273 X <sup>2</sup> table = 3.841 <i>phi</i> = 0.344
Enough	9	17.0	14	26.4	13	43.0	
Total	31	58.5	22	41.5	53	100	

**Table 5.**  
**Analysis of the Relationship between Allocation of Health Operational Assistance Immunization Funds with the Achievement of Minimum Service System Standards**

Allocation of Health Operational Assistance Immunization Funds	Achievement of Minimum Service System Standards				Amount		Statistic Test
	Not achieved		Achieved				
	n	%	n	%	n	%	
Not enough	22	41.5	8	15.1	30	56.6	X <sup>2</sup> count = 8.433 X <sup>2</sup> table = 3.841 <i>phi</i> = 0.399
Enough	9	17.0	14	26.4	23	43.4	
Total	31	58.5	22	41.5	53	100	

## Discussion

### Relation to the Allocation of Health Operational Assistance Funds by Achieving Minimum Health Service Standards for Health Promotion

Based on the results of the Chi-square statistical test, the value of  $p = 0.001 < \alpha = 0.05$  and  $X^2_{count}$  is greater than  $X^2_{table}$  ( $8.897 > 3.841$ ) then  $H_a$  is accepted and  $H_o$  is rejected, the *phi coefficient* is 0.410 which means the relationship is quite strong. Thus it can be concluded that there is a fairly strong relationship between the allocation of health operational assistance funds by achieving minimum health service standards for Health Promotion in the Lansilowo Public Health Center and the Ladianta Public Health Center.

Promotive effort is a health service activity that prioritizes health promotion activities provide direct awareness to the public in order to live a healthy life, for example, such as counseling 3M plus in areas prone to DHF, nutrition counseling for pregnant and lactating women. Meanwhile, preventive efforts are activities to prevent a health/disease problem in the environment and community, for example immunization of children before they occur polio disease.

### Relation to the Allocation of Health Operational Assistance Funds by Achieving Minimum Environmental Health Service Standards

Based on the results of the Chi-square statistical test, the value of  $p = 0.001 < \alpha = 0.05$  and  $X^2_{count}$  is greater than  $X^2_{table}$  ( $7.300 > 3.841$ ) then  $H_a$  is accepted and  $H_o$  is rejected, the *phi coefficient* is 0.371 which means a moderate relationship. Thus it can be concluded that there is a moderate relationship between the allocation of health operational assistance funds with the achievement of minimum environmental health service standards in the Lansilowo Health Center and the Ladianta Health Center.

This did not happen in the district, especially in our Public Health Center, in fact it was the funds Regional Revenue and Expenditure Budget and Health Operational Assistance may not double finance an activity, meaning funds activities that have been funded by the APBD may not be funded by the Health Operational Assistance, and the same is true on the contrary. In addition, Health Operational Assistance funds according to their function are still allocated to each activity that increase the achievement of MSS

and MDGs, for example decreasing maternal and infant mortality rates, community nutrition improvement, etc. Environmental health program namely vaporization of water, home visits health, outreach, counselling, etc.

### **Relation to the Allocation of Health Operational Assistance Funds by Achieving Minimum Service Standards for Maternal and Child Health**

Based on the results of the Chi-square statistical test, the value of  $p = 0.001 < \alpha = 0.05$  and  $X^2_{count}$  is greater than  $X^2_{table}$  ( $8.433 > 3.841$ ) then  $H_a$  is accepted and  $H_o$  is rejected, the *phi coefficient* is 0.399 which means a moderate relationship. Thus it can be concluded that there is a moderate relationship between the allocation of health operational assistance funds by achieving minimum service standards for maternal and child health in the Service Technical Implementation Unit of the Lansilowo Health Center and the UPTD of the Ladianta Health Center.

For the Health of Both Mother and Child program milk for pregnant women, provision of vitamin A capsules for toddlers, etc. When the uptake of utilization of funds reaches a standard of 90%, and compares straight with an increase in program achievement based on the activity ready implemented.

### **Relation to the Allocation of Health Operational Assistance Funds by Achieving the Minimum Nutrition Service Standards**

Based on the results of the Chi-square statistical test, the value of  $p = 0.001 < \alpha = 0.05$  and  $X^2_{count}$  is greater than  $X^2_{table}$  ( $6.273 > 3.841$ ) then  $H_a$  is accepted and  $H_o$  is rejected, the *phi coefficient* is 0.344 which means a moderate relationship. Thus it can be concluded that there is a moderate relationship between the allocation of health operational assistance funds by achieving Minimum Nutrition service standards in the Lansilowo Health Center and the Ladianta Health Center. The nutrition program is the provision of additional food, provision of vitamins, and counselling.

### **Relation to the Allocation of Health Operational Assistance Funds by Achieving the Minimum Immunization Service Standards**

Based on the results of the Chi-square statistical test, the value of  $p = 0.001 < \alpha = 0.05$  and  $X^2_{count}$  is greater than  $X^2_{table}$  ( $6.273 > 3.841$ ) then  $H_a$  is accepted and  $H_o$  is rejected, the *phi coefficient* is 0.344 which means a moderate relationship. Thus it can be concluded that there is a moderate relationship between the allocation of health operational assistance funds by achieving Minimum Immunization service standards in the Service Technical Implementation Unit of the Lansilowo Health Center and the Service Technical Implementation Unit of the Ladianta Health Center.

The existence of this Health Operational Assistance program is very helpful in implementing and address existing health problems. Because of this program does not limit activities as long as it is preventive and promotive so that all activities that cannot be *backed up* can be directed by principles integration, territoriality, efficiency and effectiveness.

### **Conclusion**

Based on the research results show that there is strong relationship between a location of health operational assistance funds by achieving minimum service standards for Health Promotion, maternal and child health, Environmental Health, Nutrition and Immunization at the Lansilowo Public Health Center and the Ladianta Public Health Center in 2022.

### **Reference**

1. Arikunto, S., 2006, *Research Procedure - A Practice Approach*, Revised Edition IV, Publisher PT. Rineka Cipta, Jakarta.
2. Akib, Haedar, 2010, Policy Implementation: What, Why and How, *Journal of Public Policy Administration*, Volume 1 Number 1 of 2010, Makassar.

3. Legal and Organizational Bureau of the Secretariat General of the Ministry of Health of the Republic of Indonesia, 2012, *Technical Guidelines for Minimum Service Standards in the Health Sector in City Districts*, Jakarta.
4. Buse, K., 2009, *Making Health Policy: Understanding Public Health*, Second Edition, London: Open University Press McGraw Hill Education.
5. Konawe Islands City Health Office, 2020, *Konawe Islands Health Profile*.
6. Eliana, Sumiati S. (2016). *Public health. South Jakarta: Health human resources development and empowerment agency*.
7. Ladiana Health Center Konawe Islands, 2020, *Health Profile of the Ladiana Public Health Center*.
8. Imron, Moch, Munif, Amrul; 2010, *Health Sector Research Methodology*, Jakarta: SagungSeto.
9. Ministry of Health of the Republic of Indonesia, *Directorate General of Nutrition and Maternal and Child Health*, 2012, *Health Operational Assistance Technical Guidelines 2012*, Jakarta.
10. Ministry of Health of the Republic of Indonesia, *Directorate General of Maternal and Child Health and Nutrition Development*, 2019, *Procedures for Organizing Health Operational Assistance Financial Administration 2012*, Jakarta.
11. Notoadmodjo, S. 2012. *Health Research Methodology*. Jakarta: RinekaCipta.
12. Saryono; Anggraeni, MekarDewi, 2010, *Qualitative Research Methods in the Health Sector*, Yogyakarta: NuhaMedika.
13. Sugiyono. 2011. *Quantitative and Qualitative Research Methods*. Bandung: Alfabet
14. Sulaeman, EndangSutisna, 2011, *Health Management: Theory and Practice in Health Centers*, Second Edition, Yogyakarta: GadjahMada University Press.
15. Winarno, Budi, 2012, *Public Policy: Theory, Process and Case Studies*, Second Printing, Yogyakarta: CAPS